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APPLICANTS

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** CONTINUING DATA ***** YES --SS
 This appln claims benefit of 60/431,379 12/06/2002

** FOREIGN APPLICATIONS ***** NONE --SS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY FL	SHEETS DRAWING 12	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
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TITLE
 Resin infusion potting

FILING FEE RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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